FAX NO. 515 433 6088

Hamilton

2010 JAN 19 AM 9: 36

FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE Effective January 1, 2010, all statements and reports filed by new committees

for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

	R-set for		
COMMITTEE NAME (Must be same as on Statement of Or	ganization)		
Conaway for City Council			FORM
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Refention Candidate (4) County Central Committee (5) County Candidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	(2)State PAC (3)State Party	(R	DR-2 ev. 12/2009) DISCLOSUFII REPORT COffice Use Only 13934
CANDIDATE COMMITTEES ONLY: Candidate Name Linda Conaway	Political Party (If applicable)	Sci	aged in
Office Sought City Council - City of Webster City	District (if Senate or House)	1 1	dited
ate reports are subject to possible civil and criminal penalties. Fandidate's committee, and the chairperson, for any other type of the chairperson and the chairperson for any other type of the chairperson for any other ty	rursuant to lowa Code sections 688.32A(f committee, is the individual responsible 515-833-418C TELEPHONE	for filing tin	.401(3), the candidate, for a nely and accurate reports. -/8-/0 DATE SIGNED
AM FILING A DR - 2 Disclosure Summary	REPORT FOR (1) ELECTION	(2)NON-E	LECTION YEAR.
(report date)	indicate by #		
CHECK IF AMENDMENT TO REPORT DATED		ocal Comm	nitteds, enter Date of Ejection
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.		
STATEMENT OF CASH ON HAN	ID		;
CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	s	112.09 /
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)		2,100.00
Schadule F: Loans Received total (Attach Schedul	le F)	********	
Schedule H: Total Sales of Campaign Property (Al	ttech Schedule H)		
(Schedule H applies to Candidates' Cor	n <u>mittees Only)</u> SUB-TOTAL	\$	3212.09
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule E Schedule F: Loan Repayments total (Attach Sched	B) (**also see debts and loans below)		2.226.15 / //6 2. 09
CASH ON HAND at the end of this reporting period (if final re	eport balance must be zero)	\$	0.00
*UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	/
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch			
*OUTSTANDING LOANS (From Schedule F - Attach Sched			1.050.00 3/13 4
CONSULTANT BREAKDOWN (Schedule G Attached?)	,		YES NO
CANDIDATE COMMITTEES ONLY:			
ALUE OF CAMPAIGN PROPERTY (From Schedule H - AI	itach Schedule H)	\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	\neg
Conaway for City Council	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPES
	CK THIS BUK IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIL N DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE" (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-26-09	ID# CK#	Don Bottorff 407 E. Dubuque St. Webster City, IA 50595		\$50.00	
10-26-09	ID# CK#	Scott & Terri Bargfrede 2216 N. Terrace Drive Webster City, IA 50595		100.00	
10-26-09	ID#	Ron & Kathy Birkestrand 625 Second St Webster City, 1A 50595		200.00	
10-26-09	ID# CK#	Dean & Adele Bowden 626 Elm St. Webster City, IA 50595		100.00	
10-26-09	ID# CK#	Linda Groves 1504 Sparboe Ct. Webster City, IA 50595		50.00	
10-26-09	ID# CK#	Dave Taylor 2218 Kamen Court Webster City, 1A 50595		100,00	
10-26-09	ID# CK#	Phil Voge 1001 N. Terrace Drive Webster City, IA 50595		50.00	
10-26-09	CK#	K Harfst. 704 South St. Webster City, IA 50595		50.00	
10-26-09	ID# CK#	Gerald Peterson 1607 College St. Webster City, IA 50595		100.00	
10-26-09	ID# CK#	Ken & Patricia Malaise 607 N. Des Moines St. Webster City, 1A 50595		100.00	
			SUB-TOTAL	000.00	

TOTAL (if last page of this schedule)

Page 1 of 2 (for Schedule /4)

900.00

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Conaway for City Council	

SCHEDULE A (Rev. 07/03)	MONETALY RECEIFUS
	CK THIS BOY. IF NOING FOILM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for array commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MIWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER INCOME
10-26-09	CK#	Gregg Olson 1009 Water St. Webster City, IA 50595		\$ 100.00	
10-26-09	ID# CK#	Kevin & Trish Bahrenfuss 1325 Des Moines St. Webster City, IA 50595		25.00	
10-26-09	ID# CK#	John Bohan 1903 Beach St Webster City, IA 50595		25.00	
10-26-09	ID# CK#	Misc. Pass the Hat - dontaions under \$25 each		400.00	
11-05-09	ID# CK#	Misc. Pass the Hat - donations under \$25 cach		200.00	
11-17-09	ID# CK#	Dr. Joe Latelin 614 Eim St. Webster City, IA 50595		100.00	
11-17-09	ID# CK#	Mr. Lynn Jacox 1907 Beach Street Webster City, IA 50595		100,00	
11-17-09	ID#	Bev & Gerald Huisman 305 Bicentennial Court Webster City, IA 50595	la la	50.00	
11-17-09	1D# CK#	Misc. Pass the Hat - donations under \$25.00 each		200.00	
A 4 2	ID# CK#		:		
			SUB-TOTAL	\$ 1200.00	

TOTAL (If last page of this schedule)
tees to disclose the relationship of any relative making a contribution to the

Page 2 of 2 (for Schedule &

21'00.00

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COMMITTEE NAME (Must be same as on Statement of Organization)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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12:30	127.11	78174		ant.
1010	march 1	dulad		m

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETAN: / EXPENDITURES
	CK THIS BOX: IF NDING FORM

Cor	Jemen ?	for City Council		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUN'I EXPEND(:1)
11-5-09	ID# CK#42233	Strategic Media P.O. Box 2817 Waterloo, IA 50704	Linda Conaway Flier - printed and mailed	//22.09 \$ 1136.15
11-17-09	ID# CK# 42363	McKinley Bailey 521 Elmhurst Drive Webster City, IA 50595	Loan repayment for Teamwork flier - printed and mailed	1050.01
1-10-10	ID# CK# 5402	Daily Freeman Journal 720 Second St. Webster City, IA 50595	Thank you ad	40.00
	ID# CK#			
	ID# CK#			
	ID# CK#			<u> </u>
	ID# CK#			
	ID#		·	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail (ternizer) on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Ref. 7 to Schedule G instructions and lows Code 68A.402(3)(i).)

Page	1	of 1	

\$ 2226.15

\$ 2226.13

SUB-TOTAL

TOTAL (if last page of this schedule)

(for Schedule 13)

MMITTEE NAMI	E(Must be same as on Stalement of Organization) y Council			SCHEDULE F (Rev. 02/08)	LOAN RECEI & REP
	e reports money loaned to the committee which is deposited in the	ne committee	account.	CHECK	
	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is in	volved. Inclu	de loans from candi	idate's personal	funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		LATIONSHIP TO DATE (If Applicable	AMOUNT	OF LOAN
				\$	
		·			
	•				
			,		
	,				
	·	TOTAL	(CARTI)		
(Loans	fary Loan Repayments Made <u>this</u> Reporting Period forgiven must be reported on Schedule E In-kind Contributions.)		(PART I)	\$	
ART II - MONE (Loans DATE PAID (MM/DD/YR)	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD forgiven must be reported on Schedule <u>E</u> — In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RE	(PART I) LATIONSHIP TO DATE* (If Applicabl	\$	REPAID
(Loans	forgiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RE	LATIONSHIP TO	e) <u> </u>	REPAID
DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) McKinley Bailey 521 Elmhurst Dr.	RE	LATIONSHIP TO	e) <u> </u>	
DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) McKinley Bailey 521 Elmhurst Dr.	RE	LATIONSHIP TO	e) <u> </u>	
DATE PAID (MM/DD/YR)	orgiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) McKinley Bailey 521 Elmhurst Dr.	RE	LATIONSHIP TO	e) <u> </u>	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) McKinley Bailey 521 Elmhurst Dr. Webster City, IA 50595	CANDI	LATIONSHIP TO DATE* (If Applicabl	\$ 105	0.00
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) McKinley Bailey 521 Elmhurst Dr. Webster City, IA 50595	REPAYMEN	LATIONSHIP TO DATE* (If Applicable)	e) <u> </u>	0.00
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) McKinley Bailey 521 Elmhurst Dr. Webster City, IA 50595	REPAYMENT AL LOANS F	LATIONSHIP TO DATE" (If Applicable TS (PART II)	\$ 105	0.00